

## VALIC Transfer-Out Form - RSVP Mutual Funds

You will need to call VALIC to obtain a form: (800) 448-2542

Complete the form and deliver it to the Dept. of Higher Education address below). The DHE will authorize the transfer and send the form directly to VALIC on your behalf.

Refer to the Sample Form and the instructions **below** to fill out the form.

NOTE: VALIC has different forms for their Portfolio Director Annuity and their RSVP Mutual Funds. This Sample and Instructions is for the RSVP Mutual Funds Transfer Out Form

# Instructions

## Section 1

- Complete the top section with your personal information.
  - “Group #” is: **GA23300**      - “Plan #” is: **001**
- You can include your full Social Security No. if you send the form to us either:
  - via regular mail or a deliver service (address below)
  - via our secure fax: (617) 994-6951

## Section 2

- Select “Transfer to a Like Plan”
- Mark “401(a)/403(a)”
- Go to “Option B” at the bottom of the page and enter your Account Numbers (you may need to add a line for a fourth account number)

## Sections 3 & 4

Not Applicable

## Section 5

- Enter the name of your new Provider
- Enter the Account No. at your new Provider
- Enter the new Provider’s “Payee” and mailing address
  - **Fidelity**: FIIOC (payee): PO BOX 770002 Cincinnati, OH 45277-0090
  - **TIAA**: TIAA (payee): P.O. Box 1268 Charlotte, NC 28201-1268

## Sections 6 & 7

- Not Applicable

## Section 8

- Sign and date the form

## DELIVER THE FORM TO THE DEPARTMENT OF HIGHER EDUCATION

1. Secure Fax: 617-994-6951
2. Postal or other delivery service:

VALIC Form  
MA Dept. of Higher Education  
11 Beacon St. Room 625  
Boston, MA 02108

**Mutual Fund Rollover/Transfer Out Form**  
**All Plan Types Except 403(b): Non-ERISA**

**VALIC Retirement Services Company (VRSCO)**

Original Form Required for Processing

**1 CLIENT INFORMATION**

Name: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Group #: **GA23300**  
 Plan Name: \_\_\_\_\_ Plan #: **001**

**2. ROLLOVER/TRANSFER OUT REQUEST**

Indicate if you are requesting a Rollover or Transfer by checking one of the boxes below. Do not check either box if you are requesting a Transfer to Purchase Credit (complete information below). See Information pages for more details.

- Rollover Distributions:
- Must have met a distributable event (See Information pages)
  - Generally not restricted by receiving plan
  - Not taxable
  - Are reported to IRS
- Transfers to a Like Plan Type:
- Allowed at any time if not restricted by the plan
  - Plan may restrict transfers to only certain specified carriers
  - Generally subject to restrictions of receiving plan
  - Not taxable and not reported to IRS

If you do not designate this transaction either as a Rollover or a Transfer, and if the plan and the applicable rules permit, we will treat this as a request for a Transfer. Otherwise, we will treat this as a request for a Rollover, subject to applicable plan requirements and restrictions. For distributions occurring after January 1, 2015, under federal tax rules individuals cannot make more than one nontaxable 60-day IRA rollover within any one-year period, even if the rollovers involve different IRAs. The one-rollover per year limitation does not apply to a rollover to or from a qualified plan nor does it apply to IRA trustee-to-trustee transfers. IRA owners requesting a distribution for a rollover should be advised that they have the option to request a trustee-to-trustee transfer from one IRA to another IRA.

Indicate Receiving Plan Type for Rollover/Transfer:

- 403(b)  401(a)/403(a)  401(k)  SEP or Traditional IRA  457(b) Governmental Deferred Compensation  
 Roth IRA  Nonqualified Deferred Annuity  Non-spousal Inherited IRA  457(b) Tax-Exempt Deferred Compensation (transfer only)

Transfers to Purchase Service Credit (Refer to the Information pages for additional information.):

Indicate Retirement Date (if known): \_\_\_\_\_  I elect to transfer funds to purchase service credit.

**REQUIRED:** Attach State Defined Benefit Plan Documentation providing the dollar amount of eligibility.

Choose from one of the following distribution types below.

**OPTION A → WITHDRAWAL**

- Distributes funds as requested and leaves account open
- Future contributions accepted
- No impact to outstanding loans

Please indicate Account(s) you wish to withdraw from.

Account # \_\_\_\_\_ Account # \_\_\_\_\_ Account # \_\_\_\_\_  
 \$ \_\_\_\_\_ or \_\_\_\_\_ % \$ \_\_\_\_\_ or \_\_\_\_\_ % \$ \_\_\_\_\_ or \_\_\_\_\_ %

**Choose one:**

- Distribute the amount pro-rata against all available funds excluding Schwab PCRA (default)
- Distribute the amount pro-rata against all available funds including Schwab PCRA
- Distribute the amount or percentage from each fund as specified below:

Fund Code	Amount
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %

**Choose one:**

- Distribute the amount pro-rata against all available funds excluding Schwab PCRA (default)
- Distribute the amount pro-rata against all available funds including Schwab PCRA
- Distribute the amount or percentage from each fund as specified below:

Fund Code	Amount
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %

**Choose one:**

- Distribute the amount pro-rata against all available funds excluding Schwab PCRA (default)
- Distribute the amount pro-rata against all available funds including Schwab PCRA
- Distribute the amount or percentage from each fund as specified below:

Fund Code	Amount
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %

**OPTION B → SURRENDER**

- Automatically closes account.
- Future contributions will not be accepted.
- Any outstanding loan(s) will be terminated and reported as taxable distributions.

Account # \_\_\_\_\_ Account # \_\_\_\_\_ Account # \_\_\_\_\_

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**3. ROLLOVER DISTRIBUTION REASON** This section is required if you checked "Rollover Distribution" above.

**401(a)/(k) or governmental 457(b) Deferred Compensation Plans** (see Information pages):

- Separation from Service** as of \_\_\_\_\_ (date) due to:  Termination  Early Retirement  Normal Retirement
- In-service Withdrawal** of available funds other than hardship.
- Permanent/Total Disability** as of \_\_\_\_\_ (date). Attach Doctor's Statement or Social Security Administration Documentation.

**Other Distributions:**

- Spousal Beneficiary  Qualified Domestic Relations Order (QDRO) Payment  Non-spousal Beneficiary – Available for Beneficiary IRA Rollover Only

**4. SPECIAL INSTRUCTIONS**

**5. PAYEE ROLLOVER/TRANSFER COMPANY MAILING INSTRUCTIONS**

Payee Rollover/Transfer Company Name

Receiving Account Number

Attention Line/Internal Mail Code

Address

City

State

ZIP

**6. VESTING DETERMINATION FOR EMPLOYER CONTRIBUTION SOURCES (To be completed by the employer sponsoring the plan.)**

Complete if VALIC does **not** provide full plan administration services to the Plan

Complete if VALIC **does** provide full plan administration services to the Plan.

Indicate hours worked if "hours of service" method is used to calculate vesting.

Employer Basic Vested \_\_\_\_\_ %

Indicate months worked if "elapsed time" method is used to calculate vesting. Any month in which an employee was compensated for one hour must be counted as a month worked.

Employer Matching Vested \_\_\_\_\_ %

Employer Other Vested \_\_\_\_\_ %

Hours of Service Hours Worked: \_\_\_\_\_

Standard Service Account Only: \$ \_\_\_\_\_

Elapsed Time Months Worked: \_\_\_\_\_

**7. PLAN ADMINISTRATOR APPROVAL**

To be completed where required under your employer's plan.

- I approve this distribution in accordance with current plan provisions and all applicable laws and regulations.
- I verify that the information provided on this form for purposes of this distribution is correct to the best of my knowledge.

Plan Administrator (Print Name)

Plan Administrator's Signature

Date

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**8. CLIENT APPROVAL AND SIGNATURE GUARANTEE**

- I authorize the above rollover/transfer and certify that all statements, including marital statements, are complete and accurate to the best of my knowledge and belief.
- I certify that the payee is eligible to accept this rollover/transfer on my behalf.
- I have read and understand the Special Tax Notice in the Information pages.
- I have read and understood the "Qualified Joint and Survivor Annuity and Qualified Annuity Benefit" section in the Information pages. By signing below I am agreeing to waive any benefit or right described in that section that would have been provided with respect to the amount that I am withdrawing. I also understand that I have the right revoke any waiver if a distribution has not already been made.
- You may contact VALIC at 1-800-448-2542 to obtain information about your current contract, including but not limited to your current death benefit, cash surrender value, and the amount of any outstanding loan and the impact of a withdrawal.

If additional information is required, please contact me by e-mail. My e-mail address is: \_\_\_\_\_

→ \_\_\_\_\_  
Client Signature Date

→ \_\_\_\_\_  
Client (Print Name)

For requests of \$25,000 or more, either a Signature Guarantee (section 8) or your VALIC Financial Advisor's signature (section 9) is required.

**Signature Guarantee:**

- You may obtain a signature guarantee from an eligible guarantor including a bank, broker-dealer, municipal securities dealer, government securities broker, credit union (if authorized under state law), national securities exchange, registered securities association, clearing agency or savings association.
- The Guarantor should be informed of the approximate amount of the distribution and must affix a stamp in the box to the right.
- A notarization by a notary public is not acceptable.

Signature Guarantee (if applicable)

**9. FINANCIAL ADVISOR OR DEALER/LICENSED AGENT INFORMATION AND SIGNATURES**

To be completed by your VALIC Financial Advisor or transferring Broker-Dealer Agent.

Broker-Dealer (Print Name): \_\_\_\_\_

Branch Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Licensed Agent/Registered Representative (Print Name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Agent #: \_\_\_\_\_ Location/Region: \_\_\_\_\_ State License #: \_\_\_\_\_

\_\_\_\_\_  
Licensed Agent's/Registered Representative's Signature Date

For processing, please mail this form to:

VALIC Document Control  
P.O. Box 15648  
Amarillo, TX 79105-5648

If overnight delivery:

VALIC Retirement Services Company  
1050 N. Western St.  
Amarillo, TX 79106-7011

Questions about this form may be directed to 1-800-448-2542, Monday through Friday, 7 a.m. – 8 p.m. Central Time.

VALIC represents The Variable Annuity Life Insurance Company and its subsidiaries VALIC Financial Advisors, Inc. and VALIC Retirement Services Company.